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FACSIMILE COVER PAGE

TO: Examiner Allan Olsen FAX NO. 703-872-9684
Technology Center 1700

FROM: Bernie Berman / Cheryl

NO. OF PAGES: 9 DATE: 8/10/2000
(Including Cover Page)

OUR FILE: M122-1172 YOUR FILE: 5/N 09/298160

SUBJECT/MESSAGE: Enclosed is Response
& Amendment Transmittal for
your review

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

				OTHER THAN A	
				SMALL ENTITY	
(Col.1)		(Col. 2)	(Col. 3)		
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	5 Minus	20	= 0	x \$18 =	\$0
Indep.	1 Minus	3	= 0	x \$78 =	\$0
First Presentation of Multiple Dependent Claim				+ \$260 =	\$0
				Total	
				Addit. Fee	\$0

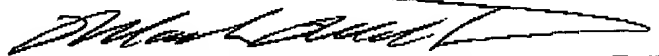
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-0925.
 If any additional fee for claims is required, charge Account No. 23-0925.

Date: 8-10-00


SIGNATURE OF PRACTITIONER

Mark S. Matkin

Reg. No. 32,268

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